

SENATE RECORD VOTE ANALYSIS

104th Congress
1st Session

Vote No. 218

May 25, 1995, 1:39 p.m.
Page S-7427 Temp. Record

BUDGET RESOLUTION/Medicare and National Health Care Plan

SUBJECT: Senate Concurrent Budget Resolution for fiscal years 1996-2002 . . . S. Con. Res. 13. Domenici motion to table the Exon (for Kennedy) amendment No. 1188.

ACTION: MOTION TO TABLE AGREED TO, 58-41

SYNOPSIS: As reported, S. Con. Res. 13, the fiscal year 1996 Concurrent Budget Resolution, will reduce projected spending over 7 years to balance the budget by fiscal year (FY) 2002 without increasing taxes. Savings that will accrue from lower debt service payments (an estimated \$170 billion) will be dedicated to a reserve fund, which may be used for tax reductions after enactment of laws to ensure a balanced budget. Highlights include the following: the rate of growth in Medicare will be slowed to 7.1 percent; Medicaid's rate of growth will be slowed to 5 percent and it will be transformed into a block grant program; the Commerce Department and more than 100 other Federal programs, agencies, and commissions will be eliminated; welfare and housing programs will be reformed; agriculture, energy, and transportation subsidies will be cut; foreign aid will be cut; defense spending will be cut and then allowed to increase back to its 1995 level; and Social Security will not be altered.

The Exon (for Kennedy) amendment would express the sense of the Senate that any reductions in Medicare spending that are in the reconciliation bill for fiscal year 1996 should not increase medical costs or decrease access to medical care. Further, it would express the sense of the Senate that major reductions in Medicare spending should not be enacted except in the context of a broad, bipartisan health reform plan that will not increase costs or reduce access to care for senior citizens, shift costs to working Americans, or damage the quality of medical care.

The amendment was offered after all debate time had expired. However, some statements on amendments were added to the record or were made before the amendments were offered and before debate time had expired. Also, by unanimous consent, 1 minute of time was allowed on each amendment for explanatory statements before each vote. Senator Domenici moved to table the amendment. Generally, those favoring the motion to table opposed the amendment; those opposing the motion to table favored the amendment.

(See other side)

YEAS (58)			NAYS (41)			NOT VOTING (1)	
Republicans (52 or 96%)	Democrats (6 or 13%)		Republicans (2 or 4%)	Democrats (39 or 87%)		Republicans (0)	Democrats (1)
Abraham	Helms	Baucus	Jeffords	Akaka	Hollings		
Ashcroft	Hutchison	Byrd	Specter	Biden	Inouye		Mikulski- ²
Bennett	Inhofe	Feinstein		Bingaman	Johnston		
Bond	Kassebaum	Kerrey		Boxer	Kennedy		
Brown	Kempthorne	Lieberman		Bradley	Kerry		
Burns	Kyl	Nunn		Breaux	Kohl		
Campbell	Lott			Bryan	Lautenberg		
Chafee	Lugar			Bumpers	Leahy		
Coats	Mack			Conrad	Levin		
Cochran	McCain			Daschle	Moseley-Braun		
Cohen	McConnell			Dodd	Moynihan		
Coverdell	Murkowski			Dorgan	Murray		
Craig	Nickles			Exon	Pell		
D'Amato	Packwood			Feingold	Pryor		
DeWine	Pressler			Ford	Reid		
Dole	Roth			Glenn	Robb		
Domenici	Santorum			Graham	Rockefeller		
Faircloth	Shelby			Harkin	Sarbanes		
Frist	Simpson			Heflin	Simon		
Gorton	Smith				Wellstone		
Gramm	Snowe						
Grams	Stevens						
Grassley	Thomas						
Gregg	Thompson						
Hatch	Thurmond						
Hatfield	Warner						

EXPLANATION OF ABSENCE:

1—Official Business
2—Necessarily Absent
3—Illness
4—Other

SYMBOLS:

AY—Announced Yea
AN—Announced Nay
PY—Paired Yea
PN—Paired Nay

Those favoring the motion to table contended:

The Kennedy amendment would express the sense of the Senate that Medicare reform needs to be held hostage until such time as a national health care reform plan is adopted. Last year, the Senate rejected a national plan that would have imposed at least 17 new taxes, created 4 new entitlements (including one that would have cost more than \$1 trillion over 8 years), created 55 new bureaucracies, including one that could have imposed price controls, and imposed at least 177 new mandates on the States. In short, that plan would have greatly increased Federal control over health care. The one part of the health care system that is under direct Federal control, Medicare and Medicaid, is by far the most troubled part. We are not at all certain, then, that the solution is to enact some grandiose, comprehensive "reform." We should content ourselves with fixing what is broken. Medicare certainly qualifies. If nothing is done, as is proposed in the Clinton Administration's budget, the program will be broke within 7 years. The Kennedy amendment would let the system go broke in 7 years if Members did not relent and let advocates of a national health care plan impose their vision of Federal Government health care on America. We find this amendment to be offensive, and urge our colleagues to table it.

Those opposing the motion to table contended:

We emphatically support reforming the health care system in America, including the troubled Medicare system. However, it is an abuse of the word "reform" to suggest that the way to stop the rising costs of Medicare is to refuse to pay all those costs. Only two results can come from such an action--either medical costs will go up, or medical care will be rationed. Our colleagues tell us that they are reforming the Medicare system to protect it from bankruptcy, but we cannot help but note that our analysis of the effect of their proposal will be to increase health care costs tremendously for senior citizens of limited means. All Senators say they wish to save the Medicare system; all Senators say that they do not wish to see huge cost increases for Medicare beneficiaries. In our opinion, the only way to achieve these twin goals is through comprehensive, national health care reform. If our colleagues agree, they will join us in opposing the motion to table.